

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Calhoun Millsor  
Inc. Town of  
or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cornelia McComb

File No.—For State Registrar Only

2484

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 10 Registered No. 5  
(For use of Local Registrar)

St.; ..... Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William McComb(9) PRESENT POSTOFFICE OF FATHER Mt Carmel, SC.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Calhoun Mills, Township(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bandy(15) PRESENT POSTOFFICE OF MOTHER Mt Carmel, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Calhoun Mills Township(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma T. Donaldson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Carmel SC.

Given name added from a supplemental report

191

Registrar

(26) Witness J. L. Sutherland (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 10 1915 (28) W. L. Sutherland Sub Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia.